| United States District Court Costero District of New York | CV 15 | 5510 |
|--|--|---|
| Jacob Fetman | | |
| | | ORIGINAL |
| (In the space above enter the full name(s) of the pla | intiff(s).) | COMPLAINT |
| -against- | | |
| Yoel Lipsett | | Jury Trial: ★1 Yes □ No |
| CO | GAN, J. | (check one) |
| (In the space above enter the full name(s) of the defendants in the space write "see attached" in the space above | pace provided, | CLERK 2015 SEP 21 PM 2: U.S. Benedict Dougle PASTERS (KIC) EASTERS (KIC) OF MICH YORK |
| additional sheet of paper with the full list of name listed in the above caption must be identical to those Part I. Addresses should not be included here.) I. Parties in this complaint: | | |
| A. List your name, address and telephone identification number and the name and for any additional plaintiffs named. At | address of your curren | t place of confinement. Do the same |
| Plaintiff Name Jacob Fetman | | |
| Street Address 1743 Ocean Ave. | | |
| County, City Kings, Brooklyn | | |
| State & Zip Code NY, 11230 | | |
| Telephone Number 646-261-020 | 00 | |
| B. List all defendants. You should state a government agency, an organization, a each defendant may be served. Make s contained in the above caption. Attach | corporation, or an incure that the defendant | lividual. Include the address where (s) listed below are identical to those |
| Defendant No. 1 Name Yoel Lipsett Street Address 1695 Ea | st 21st. St., Suite A-7 | |

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| Jacob Fetman | | gradus in the second |
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| AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | |
| (in the space above enter the fell name(s) of the plaintiff(s).) | COM | PELAINT |
| -1શામે પ્રમુશ- | | |
| Yoel Lipsett | Salary Trial: | Xa Yes CON |
| | | (check one) |
| | | 5€ 12 |
| | | A) |
| (In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space atove and atlach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part !. Addresses should not be included here.) | | |
| l. Parties in this complaint: | | |
| A. List your name, address and telephone number. If you are identification number and the name and address of your currently any additional plaintiffs named. Attach additional sheet. | tent place of confine | nement. Do the so |
| Plaintiff Name Jacob Fetman Street Address 1743 Ocean Ave. County, City Kings, Brooklyn State & Zip Code NY, 11230 Telephone Number 646-261-0200 | and the second desired the desired second se | |
| B. List all defendants. You should state the full name of the dego ornment agency, an organization, a corporation, or an interact defendant may be served. Make sure that the defendant centained in the above caption. Attach additional sheets of | individual. Includ int(s) listed below a | de the address wh are identical to th |
| Descadant No. 1 Name Foel Lipsett Street Address 1695 East 21st. St., Suite A-7 | | |

| | | County, City Kings, Brooklyn State & Zip Code NY, 11210 | |
|--------------------------|--|---|--|
| | | Telephone Number 718-252-4375 | |
| Defen | dant No. 2 | Name | |
| | | Street Address | |
| | | County, City | |
| | | State & Zip Code | |
| | | Telephone Number | |
| Defen | dant No. 3 | Name | |
| | | Street Address | |
| | | County, City | |
| | | State & Zip Code | |
| | | Telephone Number | |
| Defen | dant No. 4 | Name | |
| | | Street Address | |
| | | County, City | |
| | | State & Zip Code | |
| | | Telephone Number | |
| II. | Basis for Ju | urisdiction: | |
| cases U.S.C questi | involving a fe c. § 1331, a c on case. Und | courts of limited jurisdiction. Only two types of cases can be heard in federal court: deral question and cases involving diversity of citizenship of the parties. Under 28 case involving the United States Constitution or federal laws or treaties is a federal ler 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another it in damages is more than \$75,000 is a diversity of citizenship case. | |
| A. | What is the | basis for federal court jurisdiction? (check all that apply) | |
| | Ճ Federal | Questions | |
| В. | If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty rights at issue? HIPAA LAW; 42 U.S.C. 1302(a); 42 U.S.C. 1320d-1320d-9 | | |
| | | | |
| c. | | for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? state(s) of citizenship | |

III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Prooklyn, NY

| | 11. Whole did the events Bring tipe to your claim(s) coods: |
|-----------------------------------|---|
| | |
| | B. What date and approximate time did the events giving rise to your claim(s) occur? |
| | October 22, 2013 - December 2013 |
| | |
| | C. Facts: On or about October 22, 2013 Plaintiff Fetman entered into arbitration with his employer |
| What | Alsh HaTorah New York, Inc., to be arbitrated by Rabbi David Cohen of Brooklyn NY. |
| bappened to you? | At that initial meeting, Rabbi Cohen directed Plaintiff Fetman and his wife, to attend 'marital counseling' |
| | with defendant Lipsett. Unbeknown to Plaintiff, defendant Lipsett, who represented himself as a certified |
| | therapist, solicited information in the ensuing sessions they attended, as a couple and individually, about the |
| Who did | case. Defendant Lipsett relayed the information gathered to Rabbi Cohen, the arbitrator, |
| what? | in complete disregard to the confidential nature in which any information was relayed to him. |
| | A monetary award for Plaintiff's employer was rendered by Rabbi Cohen based partially on the confidential |
| | information relayed to him by defendant Lipsett. |
| Was anyone else involved? | |
| | |
| | |
| | |
| Who else saw what happened? | |
| | |
| | IV. Injuries: |
| | If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. |
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| v. | Relief: | | |
|---------|---|----------------------------|---|
| State v | what you want the Court | to do for you and the a | mount of monetary compensation, if any, you are |
| seekin | g, and the basis for such | compensation. | |
| As the | case was much publicized i | n the media, monetary c | ompensatory and punitive damages are requested |
| to be d | lecided at trial. | | |
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| I decl | are under penalty of pe | riury that the foregoin | ng is true and correct. |
| | this ²¹ day of Septemb | | |
| Signed | this day of | 20.00. | . \^ |
| | | G' | |
| | | Signature of Plaintiff | 1743 Ocean Ave. |
| | | Mailing Address | |
| | | | Brooklyn, NY 11230 |
| | | | |
| | | Telephone Number | 646-261-0200 |
| | | - | |
| | | Fax Number (if you h | ave one) |
| Note: | | | plaint must date and sign the complaint. Prisoners ent place of confinement, and address. |
| For P | risoners: | | |
| this co | are under penalty of perju omplaint to prison authori outhern District of New Y | ties to be mailed to the A | ay of, 20, I am delivering Pro Se Office of the United States District Court for |
| | | Signature of Plaintiff: | |
| | | Inmate Number | |